



Mail

Stephen King wrist

To the Editors,

A 51-year-old white female presented to us complaining of pain in her left wrist that worsened with flexion of the left hand. The patient had been in otherwise excellent health but had noticed the pain on arising that morning. The pain made it difficult for her to do her household chores and also made it hard for her to concentrate on her graphic arts work, which demanded that she sit at a computer for up to 8 hours a day. This was the first time that the patient had experienced this pain, and there was no history of any trauma to this area. The rest of her medical history as well as her family's was equally noncontributory, and there was no history of any arthritides or neurologic disorders.

Subsequently, we recommended that if she must read in bed, she alternate hands in holding such tomes and do so quite frequently in order to give each hand a respite.

Physical examination revealed tenderness in the left wrist ventral area; the tenderness was localized and did not radiate. There was no shoulder or elbow tenderness nor any limitation of motion in these joints. Examination of the fingers revealed no effusions, heat, or tenderness. The pain was augmented in the left wrist area with flexion of the left hand,

and there was some weakness of left hand grasp. The rest of the physical and neurological examination was not remarkable.

Upon further questioning, we learned that the patient had for the previous 3 nights been engrossed in the latest Stephen King thriller, a 702-page paperback novel. An avid reader, the patient preferred to read while in bed, holding the book in her left hand continuously for 2 to 3 hours before going to sleep. She stated that she had to hold the book tightly in her left hand in order to keep the pages of the book flat so they would not curl over.

We suggested that she stop this reading practice for a few nights and give the hand a chance to rest. By the second day of discontinuance, the pain completely disappeared. Subsequently, we recommended that if she must read in bed, she alternate hands in holding such tomes and do so quite frequently in order to give each hand a respite. If that did not work, we suggested that she use a small, portable podium to hold and support the book. Indeed, the patient has heeded our advice about changing hands, and we are happy to report that she has experienced no further problems and continues to perform all her daily activities without difficulty. Just to be on the safe side, however, she has purchased a small portable book podium to use if the pain ever recurs.

We call this condition a "Stephen King wrist." Mr. King, when contacted in Maine for permission to name this disorder after him, consented. He suggested, however, that "it could just as easily be called James Michener wrist!"

Rudolf E. Noble
20 Gough Street
San Francisco, CA 94103